STATEMENT OF ORGANIZATION		OFFICE USE ONLY
Name and Address of Committee	2. Date of this Statement	//
HCA IA Cood Covernment Fund	1/17/11	
HCA LA Good Government Fund 1440 Canal St., Suite 1860	3. Estimated Membership	5/0
New Orleans, LA 70112	6,853	1/21
	0,033	error &
Check If:	4. Amended Statement?	R#8563
New Committee Monthly Filer	YesXNo	C#1611
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position c. Address		
	anal St., Ste. 18	60, New Orleans LA 70112
Michael Reese Treasurer 1440 Ca	anal St., Ste. 18	60, New Orleans, LA 70112
		·
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)		
a. Name b. Address c. Relationship to Cath hitee 2011		
		•
HCA, Inc. One Park Plaza Sponsoring: Organization Nashville, TN 37203		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		JUN 15701
JP Morgan Chase Bank, P. O. Box 260180, Baton Rouge, LA 70826-0180		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report		
Deborah Robert		
b. Daytime Telephone 504-988-7005 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
and benefit		
This 17th day of January , 2011 .		
504-988-7000		
Signature of Committee Chairperson	Daytime	e Telephone Number
Mil on	pr 141	1.000-7000
Signature of Committee Treasurer, if any		1-988-7000 e Telephone Number